

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15271**

1. Entity Name

**PRESENT TRUTH MINISTRIES, INCORPORATED**



Principal Place of Business

**3332 DEL PRADO BLVD S  
CAPE CORAL, FL 33904**

Mailing Address

**3332 DEL PRADO BLVD S  
CAPE CORAL, FL 33904**

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-2676994**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EVERETT, ANNIE H.  
3227 S.W. 1ST AVENUE  
CAPE CORAL, FL 33914**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME EVERETT, STEPHEN C. JR.  
STREET ADDRESS 3227 S.W. 1ST AVE.  
CITY- ST- ZIP CAPE CORAL, FL

TITLE D  
NAME WOOTEN, LARRY  
STREET ADDRESS 813-B S.E. 13TH TERRACE  
CITY- ST- ZIP CAPE CORAL, FL

TITLE STD  
NAME EVERETT, ANNIE H.  
STREET ADDRESS 3227 S.W. 1ST AVENUE  
CITY- ST- ZIP CAPE CORAL, FL

TITLE D  
NAME PEREZ, ARNOLD  
STREET ADDRESS 3018 S.W. 4TH AVENUE  
CITY- ST- ZIP CAPE CORAL, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000169224  
08/02/04-80015-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen C. Everett, Jr.* *Stephen C. Everett, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/04 (239) 541-7743

Date Daytime Phone #